

Fit for the Future

Birmingham's Childhood Obesity Strategy

Scope

This strategy describes the strategic objectives needed to reduce childhood obesity during the first decade of life; a target set by the Birmingham Health and Wellbeing Board as part of the 2013/14 Health and Wellbeing Strategy. The board have prioritised action to tackle childhood obesity in recognition of the increasing prevalence in Birmingham as well as the clear need for a Citywide, multifaceted solution to this complex problem.

This strategy should be read alongside the Joint Strategic Needs Assessment for Childhood Obesity 2013 which describes the problem and evidence in detail.

Our problem

Over the past three decades the prevalence of overweight and obesity across the population has increased substantially. 24.4% of Birmingham children are overweight or obese when they start school and rises to 40% of all children by the time they leave primary school aged 10-11 years (NCMP 2011/12). 85% of obese children are predicted to become obese adults with the associated health, social and economic consequences. Obesity reduces life expectancy by an average of 3 years for those with moderate obesity (BMI 30-35 kg/m²) and by between 8-10 years for those with morbid obesity (BMI 40-50kg/m²). The growth in childhood obesity suggests that today's children will have a shorter life expectancy than their parents. Obesity impacts on the quality of people's lives by increasing the risk of developing many chronic diseases such as diabetes, heart disease and cancer. In addition overweight and obesity in children are associated with significant reductions in quality of life and a greater risk of teasing, bullying and social isolation. The financial cost of obesity to our City amounts to £2.6 billion per year including costs to the NHS, social care and the wider costs to the economy.

Obesity occurs as a consequence of long term excess energy consumption relative to an individual's energy use leading to an accumulation of excess fat. This energy balance is affected by an individual's genetic makeup and choices as well as their surroundings, opportunities and life conditions.

Birmingham has made progress to tackle obesity with National recognition for interventions such as Be Active, Lighten Up and Villa Vitality; however the impact of this is inadequate to make a difference given the change in the environment over the last 30 years.

The multiple determinants of obesity mean that to tackle it requires coordinated action across society. The transfer of Public Health to Local Authorities provides a unique opportunity to accelerate action to reduce obesity within the City and this plan provides a framework for a coordinated approach.

How do we measure up?

We now have considerable information on childhood obesity in Birmingham. Successive cohorts of children have been measured from 2006 at Reception (age 4-5 years) and Year 6 (age 10-11 years) as part of the National Child Measurement Programme (NCMP). This means we have good trend information. Children are defined as obese if their Body Mass Index (BMI) is 95th percentile of the reference curve for their age and sex and overweight if their BMI is over the 85th percentile.

- Most recent data shows a rise in obesity at both Reception and Year 6 with a growing gap between Birmingham and the national average.
- Current excess weight prevalence (overweight and obesity combined) is 24.4% at Reception and 40% at Year 6

What is causing Birmingham to become obese?

Obesity is caused by an imbalance between energy intake and expenditure; or eating more calories than are expended through physical activity over a continued period. To prevent and reduce obesity requires a sustained reduction in calorie intake alongside an increase in activity.

Three factors are driving our obesity epidemic:

- Environment – we have an environment that encourages low physical effort, with more car journeys at the expense of walking etc. We have allowed unhealthy food options to proliferate in our society, often at the expense of healthy options, especially close to schools.
- Behaviour – we have adopted behaviour that complements our environment, especially concerning eating high-calorific foods. This is often driven by evidence-based marketing.
- Opportunity – we have developed few opportunities for children to undertake appealing physical exertion or enjoy healthy food options, especially early in life.

Our ambition

To reduce excess weight levels in reception and year 6 primary school children to 22.6% and 33.9% respectively by 2018.

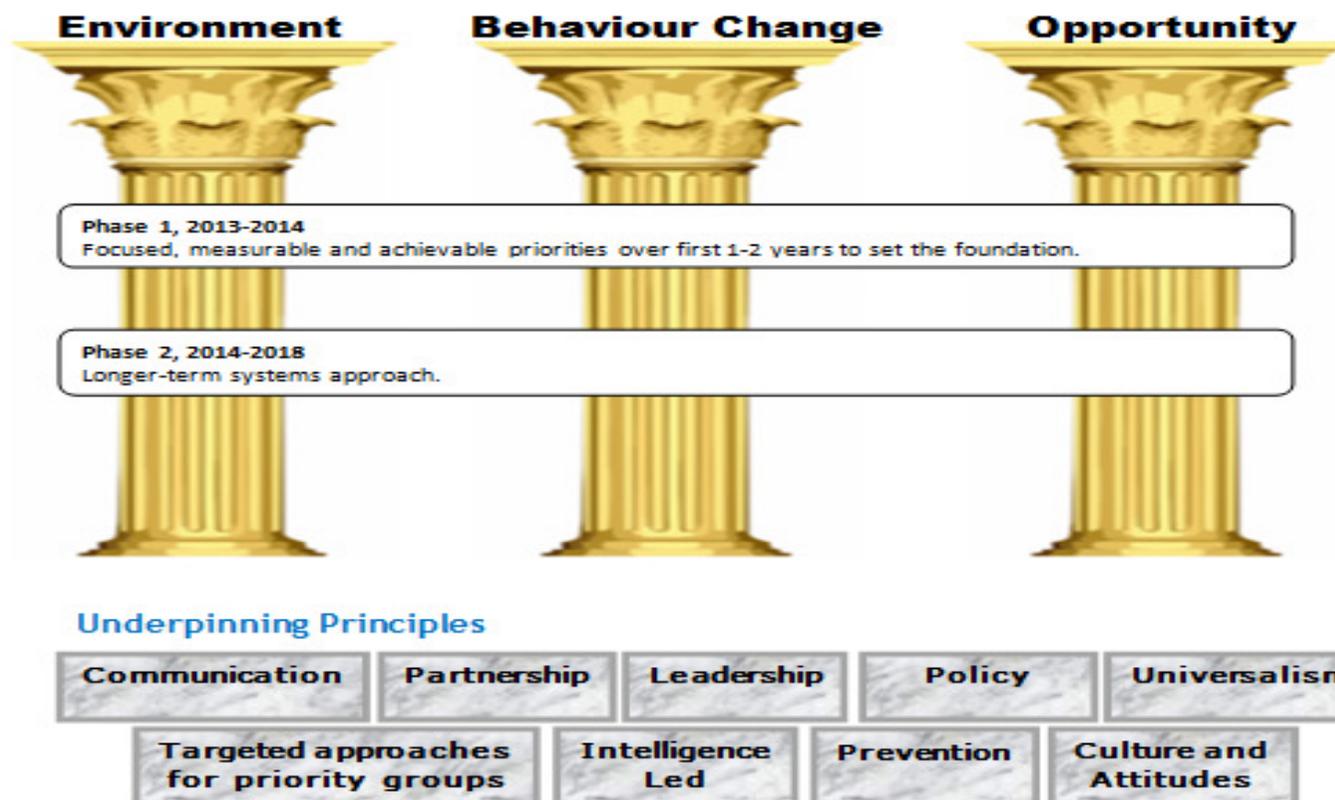
What needs to happen to get us there?

International evidence suggests that the population rise in childhood obesity can be halted and rates can be reduced. The evidence suggests that three aspects need to be addressed, namely **environment**, **behaviour** and **opportunity**, these will become the 3 pillars of our strategy. However reversal will not happen overnight, indeed it will take some time to be seen, probably over at least 5 years. Any intervention has to be universal as the problem is across the city – even the most advantaged areas have significant problems. In developing our strategy we have endeavoured to engage and involve partners and communities in understanding local barriers, potential solutions and agreeing priority actions. This involvement will need to continue as the strategy is implemented because without a coordinated approach we will not achieve our ambition to reduce childhood obesity.

Strategic Aims

1. Birmingham's environment encourages participation in physical activity and enjoyment of healthy food choices – the healthy choice is the easy choice
2. Behaviours are adopted which favour physical activity and healthy eating –families choose to be more active and eat healthier food.
3. Birmingham children and their families have access to appealing, local opportunities to participate in physical activity and enjoy healthy food

Our model of Childhood Obesity Prevention



Phase 1 2013/14 - Immediate priorities to tackle childhood obesity

	Outcome	Action	Target – to be achieved by 2016/17
An Environment that encourages children and their families to eat healthily and be active	<p>Improved Birmingham environment allowing health eating and activity choices be taken</p> <p>Fewer environmental factors which are known to contribute to obesity</p>	<ul style="list-style-type: none"> • Encourage and support more businesses that sell and promote healthy food • Limit the number of fast food shops and restaurants, especially near schools • Encourage more organisations that offer affordable, appealing physical activity to children and families • Promote schools and other public funded settings to be exemplars of good practice in promoting healthy lifestyle choices. • Change Unitary Development Plans to encourage walking and cycling and less reliance on cars • Make walking and cycling safer near schools 	<ul style="list-style-type: none"> • Over 2000 businesses with healthy choices award • Healthy environment included as part of contracts with all NHS Trusts • 90% schools and nurseries signed up to a Birmingham Health Charter • 20% increase in children walking or cycling to school compared to 2012/13 baseline • Healthy food choice included in inspections of early years settings, children’s homes, hostels and other LA regulated premises • No growth in fast food take outlets
Support children and their families to adopt healthy behaviours	Children and their families choosing healthy food and being physically active	<ul style="list-style-type: none"> • Implement behaviour change interventions for healthy eating and physical activity across the whole City, ensuring access by children at increased risk. 	<ul style="list-style-type: none"> • 100% increase in fruit and veg consumption across all primary schools and nurseries within 3 years. • 40% reduction in unhealthy snacks consumed within the school day within 3 years.
Offer opportunities to children and their families to enact healthy behaviour	<p>Children accessing healthy eating choices at school and nursery</p> <p>Children accessing physical activity</p>	<ul style="list-style-type: none"> • Dining rooms to be attractive to children with staff ‘selling’ healthy choices • Ensure access to low cost, high excitement activities in settings used by and appealing to children and their families. • Local “play” facilities that are safe 	<ul style="list-style-type: none"> • Increase in physical activity (level tbc) • 50% increase in children accessing Be Active compared to 2012/13 baseline • 2% increase in children taking school meals

Phase 2 2014/18 - Longer term priorities to tackle childhood obesity

	Outcome	Action	Target – 2016/17
An Environment that encourages children and their families to eat healthily and be active	<p>Improved Birmingham environment allowing health eating and activity choices be taken</p> <p>Fewer environmental factors which are known to contribute to obesity</p>	<ul style="list-style-type: none"> • Continue phase 1 • Expand planning restrictions to limit the number of outlets offering fast food takeaways (A3) • Use policy, regulatory, licencing and contracting powers to improve healthy food choices and physical activity offers to children and families. • Optimise health benefits from major planning developments • Increase the proportion of children walking or cycling to school. 	<ul style="list-style-type: none"> • Over 2000 businesses with healthy choices award • Healthy environment included as part of contracts with all NHS Trusts • 90% schools and nurseries signed up to a Birmingham Health Charter • 20% increase in children walking or cycling to school • Healthy food choice included in inspections of early years settings, children’s homes, hostels and other LA regulated premises • No growth in fast food outlets
Support children and their families to adopt healthy behaviours	Children and families choosing healthy food and to be physically active	<ul style="list-style-type: none"> • Continue to implement behaviour change interventions for healthy eating and physical activity across the whole City, ensuring access by children at increased risk. 	<ul style="list-style-type: none"> • 100% increase in fruit and veg consumption across all primary schools and nurseries within 3 years. • 40% reduction in unhealthy snacks consumed within the school day within 3 years.
Offer opportunities to children and their families to enact healthy	Children accessing healthy eating choices at school and nursery Children and their families accessing	<ul style="list-style-type: none"> • Continue phase 1 • Ensure access to healthy food choices for children • Implement road closure days to encourage participation in cycling • Increase access to food growing opportunities 	<ul style="list-style-type: none"> • Increase physical activity (level tbc) • 50% increase in children accessing Be Active compared to 2012/13 baseline • 2% increase in children taking school

behaviour	physical activity		meals
------------------	-------------------	--	-------

Appendix 1 Childhood Obesity Prevention Priorities by Sector

Sector	An Environment that encourages children to eat healthily and be active	Support children to adopt healthy behaviours	Offer opportunities to children to enact healthy behaviour
Planning	<p>Change Unitary Development Plans to encourage walking and cycling and less reliance on cars</p> <p>Expand restrictions on growth in A5 hot food takeaways to include A3 restaurants.</p> <p>Optimise health opportunities from all major developments</p> <p>Explore opportunities to utilise unused public space for recreation or food growing opportunities</p> <p>Implement traffic calming measures near schools</p>		
Transport and Highways	<p>Change Unitary Development Plans to encourage walking and cycling and less reliance on cars</p> <p>Expand cycle routes</p>		Implement road closure days to encourage participation in cycling
Regulation and licencing	<p>Expand healthy choices across Birmingham</p> <p>Use Local Government (Miscellaneous Provisions) Act 1982 to restrict mobile food vendors from operating near schools</p> <p>Include healthy food choice as part of inspections of care homes, early years settings, hostels, children’s homes and other LA regulated premises</p>		

Sector	An Environment that encourages children to eat healthily and be active	Support children to adopt healthy behaviours	Offer opportunities to children to enact healthy behaviour
Parks	Raise awareness of playing outside and ensure parks (and other open spaces) are perceived as safe		Increase and promote opportunities for family physical activity in parks. Increase access to green gyms in parks
Sport and Leisure		Promote and offer weight management programmes	Increase access to free and appealing physical activity opportunities for children and families Provide healthy catering in leisure centres and sports venues
Early Years		Implement evidence based behaviour change interventions to improve diet and activity levels Include implementation of evidence based behaviour change interventions in inspections of early years settings Engage parents in healthy eating and physical activity behaviour change interventions Identify children with non-healthy weight and target interventions at these families.	Offer menus and physical activity in line with guidelines.
Schools	Sign up to Birmingham’s Healthy Schools Charter. Implement measures to limit children’s access to unhealthy food choices, through policy measures, engagement of parents, and food provision.	Implement evidence based behaviour change interventions to improve diet and activity levels Encourage children to make healthy choices through learning opportunities. Identify and refer non healthy weight children and their families	Provide attractive and appealing dining experience, with positive marketing of healthy choices. Increase opportunities for pupils to participate in physical activity

Sector	An Environment that encourages children to eat healthily and be active	Support children to adopt healthy behaviours	Offer opportunities to children to enact healthy behaviour
CCGs	Include healthy environment in NHS Trust contracts	Commission brief interventions to prevent childhood obesity	
Primary Care		Include brief interventions targeted at families to tackle childhood obesity	Refer or signpost to available services
City Council corporate (inc social care and public health)	Optimise health benefits from major planning developments Promote public buildings as exemplars of good practice promoting healthy choices Lobby for national change where required	Identification and referral of children with non-healthy weight known to council services	Use policy, regulatory, licencing and contracting powers to improve healthy food choices and physical activity offers to children Implement road closure days to encourage participation in cycling Nutrition and health standards in care services
Business	Sign up to Responsibility Deal	Reward children and families who make healthy choices. Avoid food rewards	Offer Healthy Food Choices and appropriate portion sizes for Children
Voluntary sector and communities	Increase demand for healthy environment Lobby for change	Engage communities in behaviour change opportunities	
Communications	Citywide positive messaging about creating a healthy City	Engage communities including young people in behaviour change opportunities	Improve promotion of opportunities to participate in physical activity and healthy lifestyles

Date 27.6.13